



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E309674**

12

21

31

4

48

5

61

7

8

99

109

1155

1200

144

152

162

17

18

19

20

21

22

23

24

25

26

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION	
--------------------	--

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
02	19	2014	1653	31	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>	
SR 92	BLOCK NO.	<input checked="" type="checkbox"/>	9400	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
300 00 MILES	LAKE DR
FEET	

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	NO	PHONE	D: 4252443107
---------	---------------	-------------------------------------	-------------	--------------------------	----------------------	-----	----	-------	---------------

LAST NAME	OCHOA	FIRST NAME	EVAN	MIDDLE INITIAL	R
-----------	-------	------------	------	----------------	---

STREET NEW ADDRESS	11848 34TH ST NE
--------------------	------------------

CITY	LAKE STEVENS	ST	WA	ZIP	982588144
------	--------------	----	----	-----	-----------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	OCHOAER048B6	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	01	26	1996
--------------------	--------------	-------	----	-----	---	--------	----------	----	----	------

ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES	HEAD PAIN
---------	--------------------------	--------	--------	---	--------	---	-------	---	------------	--------------	---	--------------------	-----------

LICENSE PLATE #	APD5374	STATE	WA	VIN#	4E3AL54F9VE014943
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	1997	MAKE	EGIL	MODEL	TALCP	STYLE	2H	VEHICLE TOWED	YES	NO	TOWED BY	GOVT. VEHICLE	YES	NO
-----------	------	------	------	-------	-------	-------	----	---------------	-----	----	----------	---------------	-----	----

REGISTERED OWNER INFO.	JACQUELINE BRUNTON 11848 34TH STREET NE LAKE STEVENS WA 98258
------------------------	---

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 205 4252-A01-47	VEHICLE LEGALLY STANDING	YES	NO	CITATION #	CHARGE
-------------------------------	-------------------------------------	-------------------------	----------------------------	--------------------------	-----	----	------------	--------

UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	NO	PHONE	D: 4258705486
---------	---------------	-------------------------------------	-------------	--------------------------	------------	--------------------------	----------------	--------------------------	----------------------	-----	----	-------	---------------

LAST NAME	WYATT	FIRST NAME	TIFFANY	MIDDLE INITIAL	N
-----------	-------	------------	---------	----------------	---

STREET NEW ADDRESS	4321 224TH AVE NE
--------------------	-------------------

CITY	GRANITE FALLS	ST	WA	ZIP	982528335
------	---------------	----	----	-----	-----------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	WYATTN250RE	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	12	05	1975
--------------------	-------------	-------	----	-----	---	--------	----------	----	----	------

ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
---------	--------------------------	--------	--------	---	--------	---	-------	---	------------	--------------	---	--------------------

LICENSE PLATE #	ALB1970	STATE	WA	VIN#	1G4GG5E32DF238103
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2013	MAKE	BUIC	MODEL	LACROS	STYLE	4D	VEHICLE TOWED	YES	NO	TOWED BY	GOVT. VEHICLE	YES	NO
-----------	------	------	------	-------	--------	-------	----	---------------	-----	----	----------	---------------	-----	----

REGISTERED OWNER INFO.	DAVID WYATT 4321 224TH AVE NE GRANITE FALLS WA 98252
------------------------	--

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO INS H2190834	VEHICLE LEGALLY STANDING	YES	NO	CITATION #	CHARGE
-------------------------------	-------------------------------------	-------------------------	---------------------	--------------------------	-----	----	------------	--------

OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
------------------------	----------------	---------------	-----	--------	-----------



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E309674

CASE #

14-00402

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HOWARD JACOB P																
ADDRESS & PHONE # 5708 76TH AVE NE MARYSVILLE WA 98270										SEX M	D.O.B. MMDDYYYY 09	06	1995					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES HEAD PAIN, FACIAL CONTUSION
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 2/19/2014 at approximately 1653 hours, I responded to a report of a collision on SR 92 near the intersection of Lake DR in the City of Lake Stevens. When I arrived on scene I observed the two vehicles pulled to the side of SR 92 a short distance to the east of Lake DR. A green passenger car, Unit 1, was pulled over behind a white passenger car, Unit 2. Due to traffic conditions and the lack of shoulder space I requested the vehicles be moved to Lake Dr.

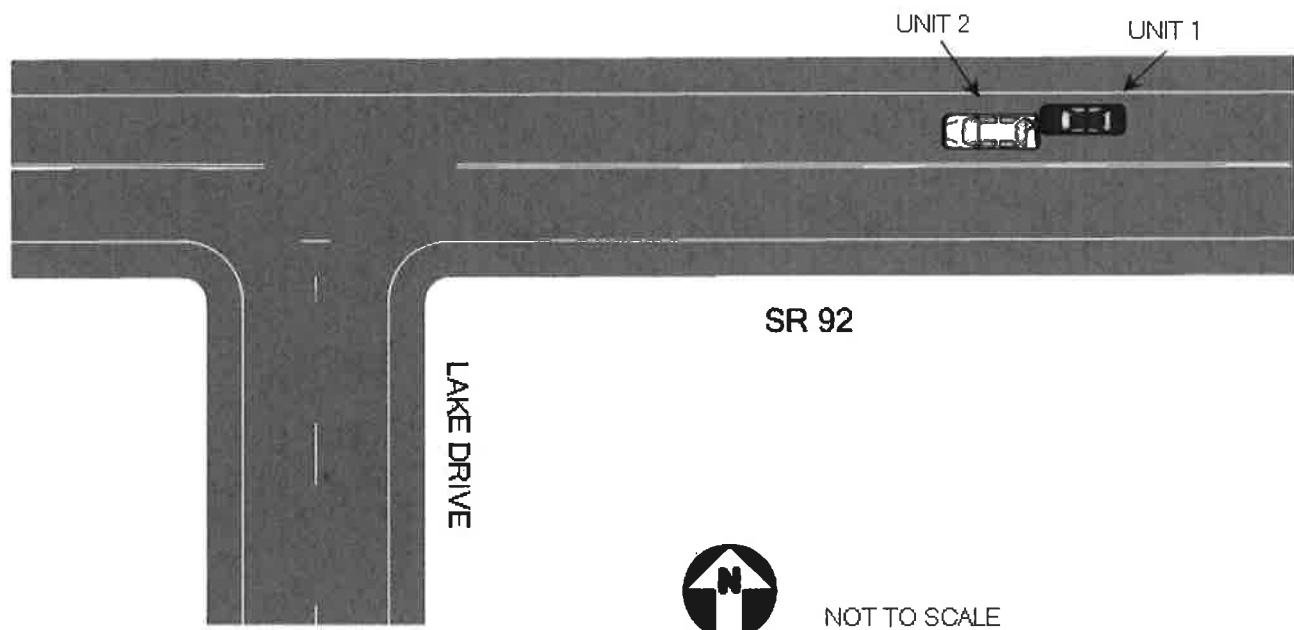
The driver of Unit 2 explained she had been stopped for traffic when she was struck from behind by Unit 1. The driver of Unit 1 explained that he did not notice Unit 2 was stopped and was unable to stop in time to avoid a collision. Damage to the vehicles was consistent with their statements.

I observed that both front airbags were deployed in Unit 1. Both the driver and passenger initially stated they were uninjured but as I was investigating the collision, the driver complained of a head ache and the passenger stated he was dizzy. Aide personnel arrived on scene and evaluated the driver and passenger. Neither was transported to the hospital.

The driver of Unit 2 stated she was uninjured. I provided both drivers with an exchange of information. Both vehicles were driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD		02-24-14 08:58 AM		
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED	
APPROVED BY SGT. C. VALVICK 71		DATE 2/24/2014 3:58:52 PM		
BADGE OR ID #	120	ORI #	WA0311900	
TIME POLICE DISPATCHED		4:53 PM	TIME POLICE ARRIVED	5:00 PM



<b>LAKE STEVENS POLICE EVIDENCE UNIT</b>		Primary Officer/Badge Number <i>F. BERNARD #720</i>		Case Number <i>19-00402</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>COLLISION</i>		Date/Time: <i>2-19-14 1806</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # <i>VB-1</i>	Item <i>Photo CD</i>	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Action # <i>3</i>	Serial #	Where Found	Weight of Narcotic			
Owner's Name <i>LSPD</i>					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#720</i>							

Item #	Item	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Evidence Control Use Only:						
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:	
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	

Incident History for: #SS14003271 Xref: #AG14000557

Case Numbers: \$SS14000402

Entered 02/19/14 16:53:00 BY SPCT06 SP0371  
Dispatched 02/19/14 16:53:33 BY SPDP17 ROGER  
Enroute 02/19/14 16:53:33  
Onscene 02/19/14 17:00:36  
Closed 02/19/14 17:35:45

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-4 Group: SS1 Beat: NORT

Src: T

Loc: LAKE DR/SR 92 , LKS (V)

Loc Info: ON SR 92

Name: ORCHELLO, EVAN

Addr:

Phone: 4252443107

/1653 (SP0371) ENTRY , CC, NON INJURY, NON BLKING , FOREST GRN EAGLE T  
ALON VS WHI BUICK LACROSSE  
/1653 (ROGER ) AGCADV , BCST  
/1653 DISPER 19D2 #SS112 WARBIS, OFFICER (STEVE)  
/1653 \$PREMPT 19D2  
/1653 PREDSP 19D2 19D3 #SS14003269 T/AF [832 STITCH RD , LKS]  
  
/1653 DISPER 19D3 #SS120 BERNHARD, OFFICER (KERRY)  
/1655 \$PREMPT 19D3  
/1656 DISPER 19D3 #SS120 BERNHARD, OFFICER (KERRY)  
/1700 (SS120 ) \*ONSCNE 19D3  
/1706 (ROGER ) MISC 19D3 , REQ AID - AIRBAG DEPLOYMENT, ADULT MALE, C A B  
N, HEAD PAIN  
/1707 CROSS #AG14000557  
/1709 (SS120 ) REMINQ 19D3 MDTWANT, HOWARD, JACOB, P, 090695, , , WA, , , , , , , , , , ,  
/1711 REMINQ 19D3 MDTWANT, OCHOA, EVAN, R, 012696, , , WA, , , , , , , , , , ,  
/1712 REMINQ 19D3 MDTVEH, ADP5374, , WA, , , , , , , , , , ,  
/1712 REMINQ 19D3 MDTVEH, APD5374, , WA, , , , , , , , , , ,  
/1713 REMINQ 19D3 MDTVEH, B88981G, , WA, , , , , , , , , , ,  
/1713 REMINQ 19D3 MDTVEH, B88981G, , WA, , , , , , , , , , ,  
/1715 REMINQ 19D3 MDTVEH, ALB1970, , WA, , , , , , , , , , ,  
/1716 (ROGER ) MISC 19D3 , AID ON SCENE  
/1717 (SS120 ) REMINQ 19D3 MDTWANT, WYATT, TIFFANY, N, 120575, , , WA, , , , , , , , , , ,  
  
/1718 \*ASNCAS 19D3 \$SS14000402  
/1735 (ROGER ) CLEAR 19D3 D/H  
/1735 CLOSE 19D3